

# EXHIBIT

## A

F.C.A. 446, 551, 656, 842 & 1056  
 ORI NO: NY027023J  
 Order No: 1997-A 455  
 NYSID No:

Form GPS

At a Term of the FAMILY COURT, County of  
 MONROE, State of New York, 99 EXCHANGE  
 BLVD, HOJ RM. 300, ROCHESTER, NY 14614

PRESENT: Hon. ANN MARIE . TADDEO  
 In the Matter of a Proceeding under  
 ARTICLE 8

T E M P O R A R Y ORDER OF PROTECTION

Docket No. 00360-97  
 Family Unit No.  
 X Ex Parte

DEBBI CLARK

Petitioner

Date of Birth 04-19-1967

VERSUS

LEE CLARK

Respondent

Date of Birth 04-23-1962

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY SUBJECT YOU TO MANDATORY ARREST AND CRIMINAL PROSECUTION, WHICH MAY RESULT IN YOUR INCARCERATION FOR UP TO SEVEN YEARS FOR CONTEMPT, AND/OR MAY SUBJECT YOU TO FAMILY COURT PROSECUTION AND INCARCERATION FOR UP TO SIX MONTHS FOR CONTEMPT OF COURT. IF YOU FAIL TO APPEAR IN COURT WHEN YOU ARE REQUIRED TO DO SO, THIS ORDER MAY BE EXTENDED IN YOUR ABSENCE AND CONTINUE IN EFFECT UNTIL YOU APPEAR IN COURT.

A petition under Article 8 of the Family Court Act, sworn to on 03-11-1997, having been filed in this court in the above entitled proceeding, and good cause having been shown,

Now, therefore, it is hereby ordered that LEE CLARK, the above named respondent observe the following conditions of behavior:

[01A] Shall stay away from DEBBI CLARK, [01B] and/or from the home of DEBBI CLARK at 4446 CULVER RD, ROCHESTER, NY; and

[01A] Shall stay away from , [01C] and/or the school of DARYLL CLARK; and

[01A] Shall stay away from , [01C] and/or the school of SAVANAH CLARK; and

[01A] Shall stay away from , [01C] and/or the school of NATHANIEL CLARK; and

The party against whom the order runs shall stay away from the following addresses:

DURAND EASTMAN SCHOOL, ROCHESTER, NY  
 DURAND EASTMAN SCHOOL, ROCHESTER, NY  
 DURAND EASTMAN SCHOOL, ROCHESTER, NY

[02] Refrain from assault, harassment, menacing, reckless endangerment, disorderly conduct or other interference with DEBBI CLARK

[07] Temporary custody of DARYLL CLARK, SAVANAH CLARK, NATHANIEL CLARK shall be awarded to DEBBI CLARK under the following terms and conditions: ;

[99] [X] Specify other conditions SAME PROVISIONS AS (07) AND STAY AWAY FROM DURAND EASTMAN SCHOOL APPLIES TO THE CHILD, JUSTINA ADAMS , DOB: 4/17/84.

Case Name: CLARK vs CLARK

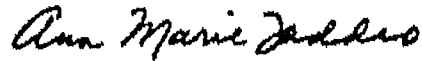
Order #: 1997-A455

Docket #: 00360-97

VISITATION BETWEEN THE CHILDREN AND THE RESPONDENT AS CAN BE MUTUALLY AGREED UPON BY THE PARTIES.

It is further ordered that this order of protection shall remain in effect until March 19, 1997

DATED: \_\_\_\_\_



ANN MARIE TADDEO  
Judge of Family Court

The Family Court Act provides that presentation of a copy of this order of protection to any police officer or peace officer acting pursuant to his or her special duties shall authorize, and in some situations may require, such officer to arrest a person who has violated its terms and to bring him or her before the court to face whatever penalties may be imposed therefore.

Federal law provides that this order must be honored and enforced by state and tribal courts, including courts of a state, the District of Columbia, a commonwealth, territory or possession of the United States, if it is established that the person against whom the order is sought has or will be afforded reasonable notice and opportunity to be heard in accordance with state law sufficient to protect that person's rights (18 U.S.C. 2265). FAMILY COURT OF THE STATE OF MICHIGAN

ROBERTA A. NORTON, Clerk of Court  
Memorandum County Clerk of Court  
filed in this office and shall be deemed to be a true and correct copy of  
such original. In witness whereof, I have hereunto set my hand and  
the Seal of said Court on  
DATE \_\_\_\_\_

ROBERTA A. NORTON, Clerk of Court

# EXHIBIT

## B

# EAST IRONDEQUOIT CENTRAL SCHOOL DIST.

## STUDENT REGISTRATION FORM

2001-2002

OFFICIAL USE ONLY		OFFICIAL USE ONLY	
REGISTRATION DATE: <u>4/12/02</u>	STUDENT # _____	STUDENT # _____	(NEW, TRANS, RE-EN)
ACTUAL START DATE: <u>3/16/02</u>	FAMILY # _____	GRADE _____	TEACHER: _____
BIRTH CERTIFICATE: <u>3/16/02</u>	HOMEROOM # _____	YEAR OF GRADUATION _____	
PROOF OF RESIDENCY: <u>✓</u>			

SCHOOL: East Irondequoit Central School GRADE: 7<sup>th</sup>

Student's Legal Last Name: Clark First Name: David B Gender: Male ☒ Female ☐

Date of Birth: [REDACTED] Birth City: Richmond State: NY Student's SS #: [REDACTED]

Ethnic Origin: (NYS Required) American Indian ☐ Asian/Pacific Islander ☐ Afro-Am. ☐ Caucasian ☒ Hispanic ☐

Language spoken in home: English ☒ Spanish ☐ Other (Indicate language) \_\_\_\_\_

Home Phone: 343-6033 Unlisted? Yes ☐ No ☒ Message Phone: YES

Home Address: 140 Seneca Avenue, Rochester, New York, Zip 14622

Mailing Address (if different): Same

Name of Pre-School Attended, if any: \_\_\_\_\_ YES ☒ School Same Year 2001-02

Has student ever attended any East Irondequoit School before? NO ☐ YES ☒ School Same Date Last Attended: \_\_\_\_\_

Name of last school/facility attended: Same

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

PRIMARY CONTACT LIVING WITH CHILD: Last Name: Clark First Name: Joe MI: \_\_\_\_\_

Relationship to Child: Natural Father/Mother: \_\_\_\_\_ Step: \_\_\_\_\_ Foster: \_\_\_\_\_ Other (specify) \_\_\_\_\_ i.e. Fiancee, boyfriend/girlfriend

Employer: RTS Shift: A Phone: ( ) 372 Ext. 372

Pager Number: [REDACTED] Cell Phone Number: \_\_\_\_\_ E-Mail Address: Joe.Clark@Hotmail.com

SECONDARY CONTACT LIVING WITH CHILD: Last Name: Swick First Name: Karen MI: \_\_\_\_\_

Relationship to Child: Natural Father/Mother: \_\_\_\_\_ (Step) Foster: \_\_\_\_\_ Other (specify) \_\_\_\_\_ i.e. Fiancee, boyfriend/girlfriend

Employer: home-child care Express Service Shift: \_\_\_\_\_ Phone: ( ) 340-324

Pager Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(over)

**DAY CARE ARRANGEMENTS**NONE: ☒ ORGANIZATION: \_\_\_\_\_ PHONE: \_\_\_\_\_PRIVATE DAYCARE: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

DAYS ATTENDING: \_\_\_\_\_

**EMERGENCY INFORMATION:** The following Person(s) other than the parents, are to be contacted in case of an emergency:

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE	PAGER
1 <sup>st</sup> Karen Sunk		603-33			
2 <sup>nd</sup> Lee Clark	father	603-33	603-33		
3 <sup>rd</sup> Theresa Mann	mother				
4 <sup>th</sup>	DENTIST				
5 <sup>th</sup>	DOCTOR				

Allergies, if any: - none

Are there other instructions or restrictions the school should know about? (i.e. Medical)

**BROTHERS AND SISTERS:** List ALL other children in your household (use additional paper if needed)

LAST NAME	FIRST	DOB	SEX	SCHOOL ATTENDING/GRADE

Student should not be released to? (Note: If this person is the biological parent, the school must have legal documentation on file in order to deny the biological parent access.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Did your child receive any of the following services at the former school?

Speech	Writing	Remedial Math	Remedial Reading	Occup. Therapy
Phys. Therapy	Gifted/Talented	Special Ed.	Counseling	
Resource Room	Other			

Lunch/Breakfast: Free \_\_\_\_\_ Reduced \_\_\_\_\_

**To the best of my knowledge, the information I have provided is truthful and accurate.**Parent/Guardian Signature Lee Clark Date 4-11-22**THIS SECTION TO BE COMPLETED BY SCHOOL PERSONNEL**

PROFILE INTO COMPUTER \_\_\_\_\_ DATE RECORDS REQUESTED \_\_\_\_\_

SCHEDULE INTO COMPUTER \_\_\_\_\_ DATE RECORDS RECEIVED \_\_\_\_\_

Original to Student File \_\_\_\_\_ Copies to: (circle) Asst. Principal; Attendance Clerk; Counselor; Teacher; Health Office; Ed Services.

11/7/01

# EXHIBIT

## C

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continued from page 2

**Clark, Deborah M.**

Rochester: February 1, 2011. Survived by her children, Justina Adams, Nathan Clark (Theresa Matteson), Savannah Clark (James Pascular), Daryll Clark; 9 grandchildren; parents, Robert J. and Carol Adams; sisters, Connie Cody and Christine Fraser; brothers, Mark and Stephen Adams; aunts, uncles, nieces and nephews.

Calling, Monday 4-8 at Falvo Funeral Home, 1395 N. Goodman St. On Tuesday, please meet the family at St. Rita's Church for her Funeral Mass at 9:15 AM. Interment, Holy Sepulchre Cemetery.

**FalvoFuneralHome.com**

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# EXHIBIT

## D

**Clark, Daryll**

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**Office Visit** 8/26/2019  
Highland Family Medicine

Provider: Sockanathan, Shivani, MD  
Cosigner: Cummings, Ryan Mary, MD (Family Medicine)  
Primary diagnosis: MVP (mitral valve prolapse)  
Reason for Visit: Annual Exam • Headache

**Progress Notes**

Cummings, Ryan Mary, MD (Physician) • Family Medicine

**Physical Exam Visit**

Daryll Clark is 31 y.o. male presenting for a full physical exam.

Specific Concern's today also include: none

Chronic Issues include:

- 1) Depression, PTSD, Bipolar disorder
- Taking lithium 900mg nightly and vistaril 50mg nightly
- Prescribed meds by Endeavour mental health psychiatry. Has therapist there as well.
- Went through inpatient hospitalization recently (May - July 2019) at St. Lawrence

Clark, Daryll (MRN 883955) DOB: [REDACTED]

-No SI/HI currently. Has had issues with this previously

2). Hx of incarceration

- 24 months prior to inpatient psych hospitalization
- currently in housing provided by psych center

3) Hx of seizures

- Started having seizures recently (2 in 2017 and 1 in 2018) while he was at a correctional facility
- describes full body shaking during these seizures
- never saw physician after seizures
- Denies drug use prior to seizures. No head trauma.

4) Hx of drug abuse

- Previously was taking vidocin from streets. Last used in 2012.
- Hx of alcohol abuse as well. Last used in 2012.

5) Asthma

- Uses albuterol inhaler PRN (every other day at most)

6) MVP

- has been an issue since he was a child
- not aware of ever seeing cardiology
- admits to CP and SOB that he describes as chronic intermittent issues. Every few days for his whole life, he gets chest pressure centrally with no radiation. Admits to SOB walking from bedroom to bathroom (has been going on his whole life)

~~~

Patient has been hospitalized in the past year. See above

Patient has not had surgery in the past year

ROS positive for: negative apart from above

ROS negative for:

- Unintended weight loss
- Night sweats
- Change in bowel habits
- Pain or difficulty swallowing
- Vision changes
- Unusual bleeding or bruising

**Patient Active Problem List**

| Diagnosis                    | Code    |
|------------------------------|---------|
| • Asthma                     | J45.909 |
| • Obesity                    | E66.9   |
| • Depression                 | F32.9   |
| • Anxiety                    | F41.9   |
| • Insomnia                   | G47.00  |
| • Nicotine dependence        | F17.200 |
| • Mitral valve prolapse      | I34.1   |
| • History of substance abuse | Z87.898 |

Clark, Daryll (MRN 883955) DOB: [REDACTED]

**Current Outpatient Prescriptions**

| Medication                                                              | Sig                                                                                                                                      |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| • risperidone (RISPERDAL) 1 MG tablet                                   | Take 1 tablet (1 mg total) by mouth at bedtime                                                                                           |
| • benzotropine (COGENTIN) 1 MG tablet                                   | Take 1 tablet (1 mg total) by mouth nightly                                                                                              |
| • benzonatate (TESSALON) 100 MG capsule                                 | Take 1 capsule (100 mg total) by mouth 3 times daily as needed for Cough Swallow whole. Do not crush or chew.                            |
| • dextromethorphan-guaifenesin (MUCINEX DM) 30-600 MG per 12 hr tablet  | Take 1 tablet by mouth every morning                                                                                                     |
| • varenicline (CHANTIX STARTING PAK) 0.5 MG X 11 & 1 MG X 42 tablet pak | Take one 0.5mg tablet daily for 3 days, then one 0.5mg tablet twice daily for 4 days, then one 1mg tablet twice daily.                   |
| • cyclobenzaprine (FLEXERIL) 10 MG tablet                               | Take 1 tablet (10 mg total) by mouth nightly as needed for Muscle spasms                                                                 |
| • omeprazole (PRILOSEC) 20 MG capsule                                   | Take 1 capsule (20 mg total) by mouth daily (before breakfast)                                                                           |
| • ramelteon (ROZEREM) 8 MG tablet                                       | Take 1 tablet (8 mg total) by mouth nightly                                                                                              |
| • nicotine polacrilex (COMMIT) 2 MG lozenge                             | Place 1 lozenge (2 mg total) inside cheek as needed for Smoking cessation Max daily dose: 20 lozenges No more than 5 lozenges in 6 hours |
| • lithium carbonate 600 MG capsule                                      | Take 600 mg by mouth every 12 hours                                                                                                      |
| • albuterol HFA 108 (90 BASE) MCG/ACT inhaler                           | Inhale 1 puff into the lungs every 4 hours as needed for Wheezing or Shortness of Breath Shake well before each use.                     |

No Known Allergies (drug, enviro, food or latex)

**Past Medical History:**

| Diagnosis                                | Date |
|------------------------------------------|------|
| • Anxiety                                |      |
| • Asthma                                 |      |
| • Depression                             |      |
| • GERD (gastroesophageal reflux disease) |      |
| • Mitral valve prolapse                  |      |

**Past Surgical History:**

| Procedure                        | Laterality | Date |
|----------------------------------|------------|------|
| • DENTAL SURGERY<br>teeth pulled |            |      |

**Social History**

| Social History        |        |
|-----------------------|--------|
| • Marital status:     | Single |
| • Spouse name:        | N/A    |
| • Number of children: | N/A    |
| • Years of education: | N/A    |

#### Occupational History

- Not on file.

#### Social History Main Topics

- Smoking status: Current Every Day Smoker
  - Packs/day: 2.00
  - Years: 15.00
  - Types: Cigarettes
- Smokeless tobacco: Never Used
- Alcohol use: No
  - Comment: sober for 4 years, history of alcohol abuse*
- Drug use: No
  - Comment: history of opioid abuse, clean since 01/2014*
- Sexual activity: Yes
  - Partners: Female
  - Birth control/ protection: None
    - Comment: currently trying for a pregnancy*

#### Social History Narrative

- No narrative on file

#### Family History

| Problem                                         | Relation | Age of Onset |
|-------------------------------------------------|----------|--------------|
| • Anxiety disorder                              | Mother   |              |
| • Depression                                    | Mother   |              |
| • Asthma                                        | Mother   |              |
| • Heart Disease                                 | Mother   |              |
| • Liver Disease<br><i>cirrhosis</i>             | Mother   |              |
| • Alcohol abuse                                 | Mother   |              |
| • Anxiety disorder                              | Sister   |              |
| • Depression                                    | Sister   |              |
| • Cancer<br><i>brain tumor</i>                  | Sister   |              |
| • Drug abuse<br><i>recovering heroin addict</i> | Sister   |              |
| • Depression                                    | Brother  |              |
| • Anxiety disorder                              | Brother  |              |
| • No Known Problems                             | Daughter |              |
| • Autism Spectrum Disorder                      | Brother  |              |
| • Bipolar disorder                              | Sister   |              |
| • Anxiety disorder                              | Sister   |              |
| • Depression                                    | Sister   |              |
| • Asthma                                        | Sister   |              |

#### Care Planning

Health Care Proxy: Sister, chart updated

Paperwork as part of Record? ☐ Yes ☐ No ☒ Awaiting return of forms

States he has DNR/DNI but not documented. Filled out MOLST with patient today.

#### Lifestyle

Clark, Daryll (MRN 883955) DOB: [REDACTED]

Diet: Snacks a lot (chips, subs), does not really eat meals

Exercise: Walks everywhere (3 hrs daily)

**Domestic Violence Screening**Negative ☒ Positive - Intimate Partner ☐ Other ☐ Remote Hx ☐**Environmental Safety**

| Parameter       | Yes | No | Sometimes | NA | Details |
|-----------------|-----|----|-----------|----|---------|
| Seatbelt        |     |    |           |    |         |
| Cycling Helmet  |     |    |           |    |         |
| Smoke detectors |     |    |           |    |         |
| CO detectors    |     |    |           |    |         |
| Firearms        |     |    |           |    |         |

**Health Maintenance**

- Dental Cleaning: Has not been in years. Provided with list of clinics
- Vision exam: Has not been in years. Provided with list of clinics
- Colonoscopy: N/A
- HIV: Ordered today
- HepC (if high risk or born between 1945 and 1965): Ordered today
- Lipid panel: Ordered today
- Diabetes A1c screen: Negative in 2017. No family hx.
- Smoking history: Discussed. 28ppd, no screening indicated at this point given age
- HPV vaccine: N/A
- Flu vaccine: N/A
- Tdap vaccine: Received in 2019 per pt report. Patient states he will bring in records
- Pneumovax/Prevnar vaccine (PPSV23 alone for persons aged 19 to 64 years with current cigarette smoking, congestive heart failure, cardiomyopathy, chronic lung disease, diabetes, alcohol use disorder, chronic liver disease // PCV13 and PPSV23 should be given to all adults aged  $\geq 65$  and adults of any age who have cerebrospinal fluid leak, cochlear implant, functional or anatomic asplenia, or immunocompromising conditions including CKD): Will need pneumovax. Given today
- Zostavax vaccine (age  $\geq 60$ ): N/A

BP 117/77 | Pulse 69 | Temp 36.2 °C (97.2 °F) (Temporal) | Ht 1.65 m (5' 4.96") Comment: act  
 | Wt 83.2 kg (183 lb 6.4 oz) | BMI 30.56 kg/m<sup>2</sup>

GEN: Alert, pleasant well adult in NAD.

HEENT: Normocephalic and atraumatic. Moist mucous membranes. No pharyngeal erythema

NECK: Supple, no lymphadenopathy or thyromegaly

PULM: Easy respirations, well aerated, CTA bilaterally.

CVS: RRR, no murmur, normal S1&amp; S2.

ABD: soft, nontender, nondistended, no hepatosplenomegaly, no masses.

SKIN: No rashes or concerning lesions

NEURO: Steady gait, no focal deficits noted

Clark, Daryll (MRN 883955) DOB: [REDACTED]

Ext: No edema

**Assessment/Plan****1. Bipolar affective disorder, remission status unspecified**

-Continue current care per psychiatry

**2. MVP (mitral valve prolapse)**

-Given chronicity of symptoms, no urgent evaluation indicated but should have cardiology evaluation given history of known MVP although no murmur appreciated today

- AMB REFERRAL TO CARDIOLOGY

**3. Hx of substance abuse**

-No current use per patient report. Educated that CASAC referral is available if he feels that he needs additional support

-Given hx of alcohol abuse and hx of abnormal LFTs, will repeat CMP

- Comprehensive metabolic panel; Future

**4. History of incarceration**

-Received PPD at psych clinic this yr per pt report

- HIV 1&amp;2 antigen/antibody; Future

- Hepatitis A, B, C panel; Future

**5. Asthma, unspecified asthma severity, unspecified whether complicated, unspecified whether persistent**

-Discussed that he may need controlled inhaler given frequent use of albuterol. He will keep track of how often he is using albuterol and re-evaluate at follow-up

- albuterol HFA 108 (90 Base) MCG/ACT inhaler; Inhale 1 puff into the lungs every 4 hours as needed for Wheezing or Shortness of Breath Shake well before each use.

Dispense: 2 Inhaler; Refill: 5

**6. Healthcare maintenance**

- Lipid panel; Future

**7. Vitamin D deficiency**

- Vitamin D 1,25 dihydroxy; Future

**8. Seizure**

-Unclear etiology. Given that he has had multiple seizures, should be evaluated by neurology for possible anti-epileptic medication

- AMB REFERRAL TO NEUROLOGY

**Discussed / Health Education**

| X | Parameter                                                          |
|---|--------------------------------------------------------------------|
| X | Importance of recommended health screenings and timing of stopping |
| X | Importance of recommended vaccines                                 |
| X | Cholesterol and other lab values                                   |
|   | PSA/Prostate Cancer                                                |
|   | Appropriateness of ASA for primary prevention                      |

Clark, Daryll (MRN 883955) DOB: [REDACTED]

|   |                                      |
|---|--------------------------------------|
|   | Bone Health/Calcium and Vitamin D    |
|   | Appropriate Weight/Weight loss goals |
| X | Regular Exercise                     |
|   | Sleep                                |
| X | Dental/Vision/Hearing                |
|   | Sun exposure/Sunscreen use           |
| X | Seatbelts/Helmets/Safety other       |
| X | Safe alcohol use                     |
| X | Smoking Cessation                    |
| X | Healthcare proxy                     |
|   | Living Will                          |
|   | Code status                          |
|   | Organ Donation                       |
| X | Stress/Family issue                  |
|   | Caregiver Stress                     |
|   | Domestic Violence                    |
|   | Sexual issues                        |
|   | Other:                               |
|   |                                      |

Shivani Sockanathan, MD

-----

Preceptor Attestation - Highland Family Medicine

I have reviewed the history, exam findings, and plan of care and discussed the care plan with the resident at the time of the visit. I agree with the resident's findings and plan of care as documented above.

Ryan Mary Cummings, MD

EXHIBIT

E

...DEAD JUDGE

1-7-22

I WANT YOU TO KNOW THAT, I AM TRULY SORRY FOR THE PAIN AND EMBARRASSMENT I HAVE CAUSED. I KNOW THERE IS NOTHING I CAN DO TO RIGHT THIS WRONG, BUT IM HOPING THAT MY APOLOGY WILL HELP IN SOME WAY.

I HAVE COME TO REALIZE THAT I HAVE A PROBLEM. A PROBLEM THAT I NEED AND WANT TO FIX. AND AS HARD AS IT IS FOR ME TO ADMIT, I CAN FINALLY SAY THAT, AND MEAN IT. I WANT THE HELP TO BE A BETTER MAN, I HAVE ISSUES I NEED TO FIX, THERE ARE THINGS THAT HAVE HAPPENED IN MY LIFE THAT I BELIEVE HAD CAUSED SOME OR MOST OF THESE ISSUES, I HAVE USED THESE ISSUES TO JUSTIFY MY ACTIONS. I WILL NOT ALLOW THAT ANYMORE. I DONT WANT TO JUSTIFY HURTING PEOPLE ANYMORE, I DONT WANT TO HURT PEOPLE. I WANT TO SHOW EVERYONE THE MAN I KNOW I AM.

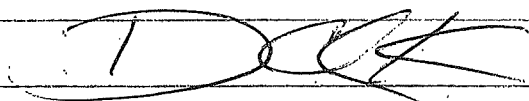
I HAVE NEVER BEEN GOOD AT ADMITTING MY WRONGS, BUT OVER THE PAST YEARS I HAVE GOTTEN BETTER AT IT

AND I WANT EVERYONE WHO HEARS THIS  
LETTER TO KNOW THAT I WAS IN THE  
WRONG. I BLAME NOONE BUT MYSELF.  
I HAVE NO EXCUSE FOR MY ACTIONS  
OTHER THAN MY OWN SELFISH WANTS.  
AND FOR THAT I AM REALLY SORRY.

WITH THE TIME I RECEIVE I WILL  
UTILIZE EVERY PROGRAM POSSIBLE TO ME  
TO MAKE MYSELF A BETTER PERSON. TO  
PROVE PEOPLE WRONG. TO SHOW EVERYONE  
WHO I TRULY AM.

I HOPE THAT THIS WILL HELP MEND  
SOME OF THE WOUNDS I HAVE CAUSED  
YOU ALL. I AM TRULY SORRY FOR ALL  
THE PAIN I'VE CAUSED.

GOD BLESS YOU.



# EXHIBIT

## F



January 13, 2021

Dear Honorable,

I'm writing to inform you on the participation we've had from Clark, Daryll (DOB: [REDACTED]).

Daryll participated in *Interactive Journaling*, which is a **Cognitive Behavioral Intervention** class offered at the Livingston County Jail. Daryll did a great job showing that he understands all concepts. He did well sharing based on his experiences and beliefs, which helped us to know that he understands the information. Daryll has received his certificate of completion.

Daryll was a pleasure to work with.

Thank you,

A handwritten signature in black ink, appearing to read "Kelsey L. Duell, BSW". The signature is fluid and cursive, with the last name "Duell" being the most prominent part.

Kelsey L. Duell, BSW  
Transitional Jail Coordinator

**PROUDLY SERVING LIVINGSTON COUNTY SINCE 1821.**

4 COURT STREET \* GENESEO, NEW YORK 14456  
GENERAL NON-EMERGENCY (585) 243-7100  
FAX (585) 243-7104

# EXHIBIT

## G

Dear Judge:

My name is Savanah Clark. My brother is Daryll Clark. I can't say that I understand or condone what my brother did, but I can tell you how rough and challenging it was growing up for us. With our single mother we slept in cars, we were homeless, we were hungry, we were abused. It was only our mother doing the best she could. She had a drinking problem that put me in charge of my little brother Daryll because her addiction was taking over. So I did what I could being a year older than Daryll to make sure we ate, and he was bathed and we went to school, which also had its difficulties because we were in and out of many schools so friends and other things were hard to make and find. Our mom's addition to alcohol got the best of her and she passed away. That brought on even more stress (emotionally, mentally and physically), and struggles with which we all dealt with in our own ways. My brother was sexually molested by people he thought he could trust and that really messed up his head.

I think the time my brother is facing is outrageous. The elderly members of our family will never be able to see him again. We have already lost my grandfather and 9 days later my grandmother and Daryll hasn't even done two years of time yet. He'll be a stranger to what family is left when he comes out. Most will be dead and gone.

This could be a death sentence for Daryll. I truly feel in my heart that my brother may get his life taken by the label he has on his back while in prison and there is no way for me to protect him.

I love my brother. He has owned up to what he has done. I know he is truly sorry. Thank you

Savanah Clark

# EXHIBIT

## H

September 6, 2021

Your Honor,

My name is Carol Adams. I am Darryl Clark's grandmother and I am asking you to consider the charges for Darryl and the prison of 30 years. He has already done time for other charges in the past and did everything that probation asked him to do.

I believe that Darryl has missed seeing or watching his 2 girls grow up - also other members of his family. Darryl has been a blessing to me and his grand father. He would come to our house and do things that his grand father couldn't do anymore. My husband can't walk or do things. He is in a wheelchair to get around. Also sits in a recliner in the living room. Sleeps in a hospital bed.

Darryl would come over and mow the lawn and also the backyard and weed work all the stuff in the yard. He would take his grand father

outside and talk to him while he was doing the yard. He even would help him to try and walk with a walker. He would do hand and leg exercise with him.

One time he fixed the lawn mower for us. It needed a oil change and new spark plugs. Daryl always wore his arkle bracket and kept it charged.

We needed to have some new doors fixed for 3 rooms. My daughter bought them but they were too big for the doorways so he cut them down with a saw to fit in the doorways. Put them up and they really looked nice. It was a blessing to us.

My husband has a bad back but the doctors said he would not be able to have surgery. He would have a bad time to recover. So he is on medicine for the rest of his life.

Daryl always made my

husband feel better just by being here for company. We really need to let Darryl come home. At least have a shorter sentence.

There are plenty of people that have done worse things than what Darryl did and some get off with no charges. Our court system has changed a lot and some get off with no charges and set free.

Please let Darryl come home to be with his family. I don't know how much longer we have on this earth. We are 78 and 79 years old. His other grandparents aren't that well either. One is in a nursing home and the other one just got out of the hospital. They don't have much more time to live.

May God bless you and Darryl.

Carol Adams  
Carol Adams

# EXHIBIT

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## *John R. "Jack" Clark*



Listen to this obituary

Walker Brothers Funeral Home Inc.

### Obituary

John R. "Jack" Clark

Churchville - December 20, 2021 at age 84. Predeceased by his daughter, Allison Michael. He is survived by his loving wife of 65 years, Marsha K. (Kress) Clark; children, Beth (Wayne) Rood, Lee (Karen) Clark; grandchildren, Nathaniel, Savannah, Daryll, Dannel Clark, Jade Rood, Kristina Clark, Shane, Cheyenne, Shaylyn Swick; 9 great grandchildren; brothers & sisters-in-law, Dick (Adrienne Porter) Clark, Bill (Mary) Clark; several nieces, nephews, cousins and dear friends. For more information visit, [www.walkerbrothersfh.com](http://www.walkerbrothersfh.com)

Jack's visitation will be on Monday, December 27, 2021 from 5-7 pm followed by his funeral service at 7 pm in the funeral home, 21 S. Main St. Churchville. Interment private. In lieu of flowers, donations may be made in Jack's memory to the Churchville Volunteer Fire Department, 24 Washington St. Churchville, NY 14428.

Posted online on December 21, 2021

Published in Rochester Democrat and Chronicle

## *Marsha Clark (Kress)*



Listen to this obituary

Walker Brothers Funeral Home, Inc.

### Obituary

Marsha Clark (Kress)

Churchville - December 29, 2021 at age 84. Predeceased by her loving husband of 65 years, Jack Clark; daughter, Allison Michael; sister, Carole King. She is survived by her children, Beth (Wayne) Rood, Lee (Karen) Clark; grandchildren, Nathaniel, Savannah, Daryll, Dannel Clark, Jade Rood, Kristina Clark, Shane, Cheyenne, Shaylyn Swick; 9 great grandchildren; sister, Kathi Willis of Arizona; brother, Joe (Shirley) Kress of Arizona; brothers-in-law & sisters-in-law, Dick (Adrienne Porter) Clark, Bill (Mary) Clark; several nieces, nephews, cousins and dear friends. For more information visit, [www.walkerbrothersfh.com](http://www.walkerbrothersfh.com)

Marsha's visitation will be on Wednesday, January 5, 2022 from 5-7 pm followed by her funeral service at 7 pm in the funeral home, 21 S. Main St. Churchville. Interment private. In lieu of flowers, donations may be made in Marsha's memory to St. Martin De Porres Church at St. Vincent de Paul, 11 North Main St. PO Box 609, Churchville, NY 14428.

Posted online on January 02, 2022

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